

Testimony of

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"Fighting Meth in America's Heartland: Assessing the Impact on Local Law Enforcement and Child Welfare Agencies"

Chairman Souder and distinguished members of the Subcommittee, I thank you for inviting me here to testify.

My name is Betsy Dunn. I am a Child Protective Services Case Manager III at the Tennessee Department of Children's Services, and I am here to tell you about the worst form of child endangerment that I have ever seen. It's what happens when methamphetamine takes over a family's life and threatens to destroy everything – especially the children who have the misfortune of living beneath the same roof as their drug-addicted parents.

These are not merely cases of abused or neglected children, as bad as those kinds of case are already.

These are also about potentially life-threatening environment to which these children are being exposed. The adults who are supposed to be these children's caretakers have become totally consumed by this drug and have turned their backs on these youngsters. These children often live in fetid households, drenched in poisonous chemicals.

It is not uncommon for us to see, say, a sibling group of three, with the eldest being seven years of age. That seven-year-old becomes not only the primary caretaker of his or her siblings, but the parents' as well.

These children's worlds have been totally been destroyed. They breathe toxic fumes. They endure physical and sexual abuse. We see children that are actually participating in the manufacture of methamphetamine. I have spoken with plenty of children who are able to describe "that yucky smell that makes them sick." They tell me about how they can't breathe.

I've been there when a 17-year-old mentally challenged boy was led outside after a drug raid on his parents' house. He really didn't understand everything that was going on, but he had seen enough meth cooked know exactly what the process was. But what was especially tough to swallow was the fact that he was a liver-transplant patient who was somehow trying to recover while in the toxic environment of a homemade meth lab.

I've had children say to me, "Miss Betsy, my mommy's making that rock candy on the stove and it caught on fire and we had to leave the house."

I should tell you that I live on the Cumberland Plateau, the highlands where Middle Tennessee and East Tennessee meet. It is beautiful country, and it has long been my home. Cookeville is a growing city, but it still feels like a small town. And for the past 16 years, I have been a child protective services caseworker for the state of Tennessee, trying to help some of Putnam County's neediest and most vulnerable children.

The work is hard and often heart-rending. But when we get a report that a child may be in danger, you can bet that we hit the door.

The work can also be incredibly rewarding, especially when I'm driving down the road, and I see some of the kids I first helped years ago. They wave, and they yell "Miss Betsy! Miss Betsy!" Of course, I pull over and stop to chat. They're back with their parents, and it's so good to see that things have worked out for them. That's what my department always strives to achieve.

But my job took a drastic turn in 1999. I'll never forget that home visit. A co-worker and I went inside with the local law-enforcement officers. We were looking for a particular child, a child who wasn't there when we arrived. But we saw all of this strange paraphernalia lying around. Immediately, I developed a terrible headache. I couldn't stop coughing. It was like a bad case of bronchitis. There was a very strong odor in the home. It's like acetone, kind of a hospital-like smell. It's incredibly powerful, and once you smell it, you'll never forget it.

My co-worker started breaking out into a rash. I said, "What is this? What is going on?" It was my first meth case.

That night I still had the headache. I couldn't stop coughing. My co-worker developed a rash from the tips of her toes to the top of her head. When she went into the medical clinic the next day, she told them that she'd been in a meth lab the day before. The doctors shrugged. The workman's compensation wouldn't even cover it, because they just didn't know what it was.

Of course, we know all too well now what meth is. We know that meth labs are essentially hazmat sites. We know that methamphetamine can make users feel like Superman. We know that the drug is fiercely addictive. Tennessee has had to learn quickly about methamphetamine,

as the effects of the drug began to ravage entire families and communities. Now local, state and federal law enforcement officers, prosecutors and child-welfare experts routinely work together to combat the problem, an epidemic of which I know the committee is well aware.

Last year, Tennessee Governor Phil Bredesen assembled a methamphetamine task force that helped identify crucial legislation that Tennessee needed to fight the epidemic. Thanks to new restrictions on the display and sale of ephedrine-based medications, I'm happy to say that it looks like meth-lab busts are going down in my part of the state.

That's not to say we still don't have a fearsome problem on our hands. And the most heart-breaking part of it is the children who live in the homes with parents who are addicts.

These aren't like other abuse and neglect cases that we see.

When a child is taken out of a meth environment, this child loses everything that is familiar. They lose their clothes. Their toys. Everything. Because it is all contaminated. That is what makes this so tragic. These children lose *everything*. They've lost their parents. They have to start over.

Here is the drill that has become all too familiar in my part of the world: Imagine what it would be like for you to be sitting in your home watching TV one evening. There's a thud on the door. Suddenly police in SWAT gear come storming in. You're forced outside into the yard, where you meet someone like me. You're told to strip off all of your clothes and prepare for a decontamination shower. You're informed that you have to leave right now to go to the emergency room. People are hustling around in Tyvek hazardous material suits.

You say, "But I need to grab my purse." You're told you cannot take it because it's probably contaminated. You say, "But I need to grab my medications if we're leaving." You're told you can't have that. You can't have anything.

Now imagine what that must feel like if you're five years old.

In many cases, these children have raised themselves. There is a dull affect in their expressions; there's not a lot of emotion. There hasn't been any consistency in their lives. They live in environments that are so deplorable. Some of these kids don't sleep in beds; they're on the floor. They have terrible hygiene. Their teeth are rotten. No one is taking care of them.

When the children show up at school, teachers can smell the meth on their clothes. Babies born to meth-addicted mothers display some of the same symptoms of children born with fetal alcohol syndrome. You can't comfort them. They won't stop crying. When we get these children out of these dangerous environments, after all while they seem to fine, but we can't really be sure: We just don't know the long-term effects of being around methamphetamine.

The majority of the children that we remove and place into custody are removed now because of methamphetamine issues. In my opinion, the foster homes have been totally flooded with these children. Therefore if you remove a child for physical abuse or sexual abuse, you're going to

have a hard time finding a placement because of all of the other placements being taken due to methamphetamine.

**Children Taken Into State Custody
Because of Meth Production
Upper Cumberland Region**

2002:	123
2003:	179
2004:	114

Source: Betsy Dunn, Tenn. DCS

There has been an incredible outpouring of love for these children in Cookeville. We frequently have meetings with community groups to raise awareness. Civic clubs have helped these children get some of those toys they had to abandon back at their parents' meth labs.

But fund-raisers and quilting bees are not enough, of course.

In addition to finding better ways to crack down on the specific ravages of methamphetamine-related child abuse, we have to recognize that these children require intensive and long-term help once we get them out of these dangerous environments.

What do you say to a child when the parents don't show up for a custody hearing because they are too stoned? What do you say when the parents tell you, "I can give up my children, but I can't give up the drug"?

The kids' psyches can be stunted. They are often poorly adjusted socially. They need a lot of counseling to overcome the effects of their parents' meth addiction.

I do know that the legislation co-sponsored by Rep. Jim Cooper and Rep. Zach Wamp addresses some of those very issues – the need to offer collective support for these children. They need counseling. They need special training. Right now, we just don't enough resources to offer all the help we need to try to get these children's lives back on track.

The proposed federal legislation would help give us the desperately needed resources we need to take care of children who have been caught up in the effects of an especially brutal and pervasive addiction in my corner of Tennessee.

Thank you.